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Southeast Asian refugee children: Self-esteem as a predictor of depression and scholastic achievement in the U.S.

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Southeast Asian Refugee Children: Self-Esteem as a Predictor of Depression and Scholastic Achievement in the U.S.

by

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Abstract:

The eruption of conflicts and war in this century has led to new masses of refugees and displaced persons. Globally, host countries will continue to confront issues of how to ensure the successful adaptation of refugees who typically are women and children. The United States received three major waves of Southeast Asian (SEA) refugees during the past twenty-five years. One million SEA refugees arrived in the past decade; the majority were children and adolescents. Today, there is still a lack of understanding surrounding mental health issues and their relationship to children's violence experience. We know that SEA refugee children suffered violence during the war in Southeast Asia, their escape from homelands, in camps of asylum and in the U.S. Although researchers have examined the relationship of violence with depression and post-traumatic stress disorder in refugee children, the findings have been unclear and sometimes conflictual in their relationship to scholastic achievement. In the U.S., healthy self-esteem is recognized as an important component of mental health and academic success, while low self-esteem is associated with depression and academic failure. In general, self-esteem and measures of self-esteem have not been studied cross-culturally. The authors report the findings of a measure of self-esteem, depression and academic achievement in a convenience sample of 237 Southeast Asian refugee children aged 6 to 17 years of age in the U.S. Internationally, nurses who assess the mental health of refugee children and design interventions to assist in their adaptation, will want to have an understanding of mental health issues cross-culturally.

Introduction:

Southeast Asian (SEA) refugee children are reported to have high rates of depression, anxiety, suicide fantasies and posttraumatic stress symptoms (Rumbaut, 1991; Blair, 2000). Mental health problems are attributed to violence experience pre and post migration (Beiser, 1987; Tousignant, 1999), family disruption (Fox, Cowell & Montgomery, 1997), and stresses associated with resettlement in the U.S. (Attar, 1994; Ayalon & Van Tassel, 1987).

Typically, violence experiences included: seeing people hurt and killed, not having enough to eat or drink, being separated from family members and witnessing the destruction of homes and villages. Families suffered disruption during the war, during escape from homelands, in camps of asylum and as a result of resettlement in the U.S. Resettlement stresses included: educational and English language deficiencies, culture conflicts, inter-generational conflict, low socio-economic status and exposure to prejudice, crime and violence in marginal urban communities. The relative effects of pre and post migration experiences on psychosocial adjustment remain a particular concern.

Study findings over the past 16 years indicate that a significant number of SEA refugee children do suffer mental health problems. Mollica, Wyshak, and LaVelle (1987) reported that half of a sample of children who experienced war traumas developed posttraumatic stress disorder (PTSD) four years after they left their homelands. Hunt (1988) found that thirty-five percent of Vietnamese teenagers in foster care homes showed signs of depression during their first eighteen months in the U.S. A study by Fox and Cowell (1996) identified 51% of a sample of 47 children who were at risk for depression, 24% of the children thought about killing themselves two weeks before the interview. And, in a study as recent as 1999, 28% of a sample of 118 SEA children aged 13 to 14 years, were found to have psychopathology including unipolar depression, anxiety disorder and major depressive disorder (Tousignant, 1999).

Interestingly, the impact of psychopathology on scholastic achievement following resettlement remains ambiguous. Because most school age children had experienced trauma and family disruption, it was reasonable to expect that refugee children would have serious academic problems. Early investigations supported this hypothesis. Williams and Westermeyer (1983) found that problems at school were the main reasons for mental health evaluations that frequently identified signs of major emotional disturbances. Similar findings were also reported by Irwin and Madden (1985). However, the results of later studies on school performance were less clear. Sack, Clarke, and Kinney, et al., (1995) for example, did not find differences in overall school achievement between teenaged SEA refugees with and without PTSD, or any psychiatric diagnosis for that matter. Fox, Cowell and Montgomery (1999) found that despite high rates of depression, children were not demonstrating antisocial behaviors and were achieving at least average grades in school.

Research in Western cultures has demonstrated that healthy self-esteem is essential for mental health and children's successful academic achievement (Katz, 1993). Brian Mesinger (2002) a pediatric psychologist defines self-esteem as: "the collection of beliefs or feelings that we have about ourselves. How we define ourselves hugely influences our motivations, attitudes and behaviors."

Factors affecting children's self-esteem include: a) how much the child feels wanted, appreciated and loved, b) how the child sees themselves, often built from what parents and other important adults say, c) his or her sense of achievement, and d) how the child relates to others (Markust & Kitayama, 1991). A child's self-esteem begins to develop when she/he is an infant. The parents or caregivers lay the foundation for self-esteem by how they respond to the child. For example, when parents respond to an infant's cries with care and compassion, the infant begins to feel valued and acknowledged in a way that creates a positive sense of identity.

As the child grows and develops, the reactions of other adults and peers in their environment continue to influence the child's self-perception. Children with the healthiest self-esteem believe they are accepted and valued by those they interact with. Once positive self-esteem is established, a child has the confidence to take emotional risks to differentiate themselves from peers and meet new challenges. Children with a healthy sense of independence have the ability to make choices that will enhance their well-being (Katz, 1993). In contrast, for children who have low self-esteem, challenges can become sources of major anxiety and frustration. Children who think poorly of themselves have a difficult time finding solutions to problems. If they are plagued by self-critical thoughts, such as "I'm no good" or "I can't do anything right," they may become passive, withdrawn or depressed (Dusa, 1992).

Although these findings are widely accepted for Western children's emotional development and scholastic achievement, there has been scant research which has examined this association in SEA cultures, and in particular SEA refugee children. One study that was identified, examined the relationship of self-concept, self-esteem and self-ideal on maturity, peer relations, academic success and school adaptiveness with Laotian children (n= 65) (Nenkin and Nguyen, 1984). The findings indicated the more difficult the adaptiveness process, the greater the difference between children's self-concept and self-ideal. Younger students had higher self-concept and self-esteem than older students on all four dimensions: maturity, peer relations, academic success and school adaptiveness.

In addition, while low self-esteem is linked to depression and poor academic success in children in Western cultures, this relationship has not been confirmed in refugee children who were born in SEA. In Western cultures self-direction and independence are highly valued; while many SEA cultures value interdependence and self-interest is viewed as undesirable. Therefore, it is reasonable to suggest that self-esteem may be defined, developed and expressed very differently in SEA children. The relationship of self-esteem, depression and scholastic achievement remains unknown in SEA refugee children.

Purpose:

The purpose of this paper is to describe the findings of a measurement of child self-esteem in a population of SEA refugee children in the U.S. Although this instrument, Self-Perception Profile for Children (Harter, 1981), has been used extensively with Western children, it is not known whether this tool is valid and reliable in evaluating the self-esteem of children from South East Asia. We will also describe the findings of depression utilizing the Child Depression Inventory (CDI) (Kovacs, 1989), and scholastic achievement reported from school records, in this group of children.

Method – Study Population:

The SEA refugee children in this convenience sample came from schools in an urban area of the U.S. The total sample consisted of 237 children aged 6 to 17 years, the mean age was 11. One hundred thirty-five children were Vietnamese, 88 were Cambodian and 14 were Laotian (see table 1). There were 127 females and 110 males. At the time of the study, 47% were living with both parents, 34% were living with their mothers, 2% were living with their fathers and 17% were living with other relatives or in foster care. A total of 97% of the children were able to communicate with the interviewer in English.

Data Collection:

Consent to participate in the study was provided by a parent or guardian and the child. School nurses and bilingual teachers conducted the structured interviews which took place in the children's home with a parent present. Each question was read out loud to the children to increase assurance that the child understood the question. Interviews lasted for approximately 60-90 min. Bilingual teachers were able to assist whenever there was a problem with translation and helped provide social acceptance of the study in the community.

Measures and Analysis:

Socio-demographic information such as age, gender, ethnicity, number of years lived in the U.S. and living arrangements were asked of each child. Harter's revised Self-Perception Profile for Children (1985) was utilized as the measure of self-esteem. The title of this instrument when presented to children was "What Am I Like."

The original measure was designed to explore children's judgments of their performance scholastically, socially and athletically (Harter, 1981). The revised measure consists of six items which are a subscale of the former instrument (see table 2). Children are given positive and negative statements that describe how other children feel about themselves or their lives, and are asked to mark the answer that best describes their own feelings. The choices for both positive and negative statements are "sort of true for me" and "really true for me." Scores can range from 6 to 24, the higher the score the more positive the child's self-esteem (See table 2).

The Child Depression Inventory (CDI) was utilized to screen children for depression. It consists of 27 items which are self rated by children aged 7 to 17. A score of 9 or greater indicates depression. The CDI is the most frequently used tool in the U.S. to screen for depression in children. Scholastic achievement was determined by grade point averages. The parents and the principals of the schools that participated in this study provided permission for school nurses to access individual student records to obtain each student's grade point average. The grading scale was 0 to 5, with 5 being the highest average possible.

Results:

The median score for the 237 youth on the Self-Perception Profile for Children was 19.3 (79% of the total 24 points possible), S.D.3.2, with a range of 13 to 24. Out of the 6 item questionnaire, the question with the greatest frequency of positive responses (n=115), "Really True for me," was question number 6: Other kids think the way they do things is fine. The question with the greatest frequency of negative responses (n=124), "Really True for Me," was question number 3: Other kids are often not happy with themselves. The CDI scores of the youth had a mean of 7.4, S.D. 4.82, with a range of 1 to 25. Cronbach's alpha was $r=.74$. A score of 9 or above indicates depression. Although the average score did not indicate depression, 34% of the youth had scores that were 9 or greater.

Grade point average (GPA) is reported independent of age as a group variable. The average GPA was 3.68 with S.D. 0.80, and range 0 to 5. This GPA is consistent with average performance in U.S. schools and considered to be an acceptable scholastic achievement. Pearson correlation coefficients were calculated to examine the relationship of self-esteem with CDI scores and grade point average. Two-tailed tests were conducted to determine if associations were statistically significant ($p < .05$). The correlation coefficient for self-esteem and grade point average was positive ($r=.23$), the higher a child's esteem the greater their grade point average, which was statistically significant ($p < .05$). The correlation coefficient for self-esteem and the CDI was a negative ($r = -.27$) relationship, or the lower a student's self-esteem score the greater the depression score. This relationship was also found to be statistically significant ($p < .05$).

Discussion:

Refugee children often experience many difficulties trying to adapt to their host countries. Typically these problems include learning a new language, adapting to new schools and expectations, navigating in a foreign environment and cultural conflict. This adaptation is made more difficult when the refugee child has experienced multiple traumas. The literature is overwhelming in documenting the horrific trauma experienced by SEA refugees. SEA refugee children were victimized by the war in Southeast Asia, escapes from homelands, and years spent in camps of asylum. In addition, they were often separated from family and resettled in poor, high crime, violent urban communities. Studies indicate that despite living in the U.S. for some years, PTSD and depression are still rampant in SEA refugee children. A topic of interest and concern in the U.S. has

been the relationship of psychopathology to the academic achievement of refugee children. Research conducted with Western children has been quite clear in delineating the relationships between self-esteem, depression and scholastic success. For example, we know that children in Western cultures with low self-esteem are more likely to be depressed, demonstrate antisocial behaviors and have poor scholastic success. The relationship between depression and academic success is less clear with SEA refugee children. In addition, self-esteem has not been included as a variable in the majority of studies with refugee children.

In this study, positive self-esteem was associated with higher grade point average, and lower self-esteem was associated with a higher risk for depression. These findings are consistent with studies of children in Western cultures. Interestingly, despite a high rate of depression (34%), children had average grades in school. This finding is generally in conflict with findings in Western cultures where children who are depressed have lower academic success. In other words, although self-esteem was a predictor of academic achievement and depression, depression was not associated with school performance.

Although the instrument that was utilized for this study, Self-Perception Profile for Children, appears to be reliable in predicting scholastic performance and depression in this group of SEA refugee children, further studies are indicated to replicate these findings. In addition, as an exploratory study, the findings are reported as a group variable for the SEA cultures represented in this sample of children. As we know, there are great variations between Vietnamese, Cambodian and Laotian cultures that could influence measures of self-esteem. Therefore, we would suggest that further studies additionally differentiate the findings of this measure of self-esteem by ethnic group to detect any differences.

As noted, there was not an association found between poor academic success and depression. In general, these results are similar to the findings of other studies (Sack, et al., 1995; Clarke, Sack, & Kinney, et al., 1993) namely, that there is no significant relationship between academic success and psychological symptomatology. The relationship between academic achievement and depression seen in Western cultures of children is not clearly found in SEA refugee children. There may be several explanations for this finding. First, the depression experienced by SEA refugee children is likely to be related to issues of adapting to a new life, grieving over losses and extreme violence experiences prior to migration. The etiology of depression in children in the wider population may be related to other family and environmental situations. Therefore, the origin of depression may be a factor in its effects on scholastic achievement.

Second, in general, education is highly valued in Southeast Asian cultures. Because of its value, we would suggest that parents provide the necessary support which influences their children's extraordinary motivation to succeed. Therefore, the cultural value of receiving an education may be a protective factor in fostering academic success. This argument is supported by Rumbaut and Ima (1988) who stated that the educational and career aspirations parents hold for their child strongly influences their achievement. Out of the five SEA ethnic groups studied, the Vietnamese and Sino-Vietnamese were the

most successfully academically and held the highest career aspirations. Hmong refugee children had the lowest grade point average, the lowest career aspirations and the highest rate of juvenile delinquency. Cambodian youth demonstrated the highest drop-out rate, and a grade point average slightly above Hmong students. Background variables such as long term asylum camp confinement for Hmong students and high levels of depression in Cambodian families, were sighted as possible factors in identified academic achievement differences between these ethnic groups.

A qualitative study by Caplan (1989) replicated many of Rumbaut and Ima's (1986) findings. Generally, the educational level of parents was found to be a factor in predicting academic success, particularly the mother's educational level and her emotional health. Mothers who were depressed had children with poorer academic performance, while mothers with higher educational levels had children who were doing better academically. Caplan (1989) also found children to be more academically successful when their ethnic culture was maintained in the home. In other words, "Americanization" was associated with poorer academic achievement. Further risk factors for predicting less satisfactory socio-academic adjustment included coming from a non-intact family and arriving in the U.S. at 13 years of age or older, with little education.

Another factor to consider in the relationship of scholastic achievement and depression is the extreme trauma SEA refugee children survived. The great majority of children remember family members and other significant persons in their lives that were killed and injured. Sometimes known as survivor's guilt, children may feel they have a responsibility to achieve in school and life due too many others who did not have this opportunity. The findings of this study suggest that self-esteem in SEA refugee children is an important predictor of scholastic achievement and depression. We would argue that designing interventions that would enhance children's self-esteem may serve to positively impact on children's academic success and possibly decrease depression.

During their early years, young children's self-esteem is based largely on their perceptions of how their parents judge them. The extent to which children believe they have the characteristics valued by their parents' figures greatly in the development of self-esteem. Not all parents recognize the importance of fostering a child's self-esteem, nor do they necessarily have the skills to enhance this process. Early interventions educating parents on the importance of appreciating, valuing and encouraging their children could have positive ramifications on children's mental health as well as their scholastic achievement.

As children become older, another important area for intervention would be schools. The way teachers, peers and other significant people react to and value the child will also greatly influence the development of self-esteem. Programs that encourage, challenge and respect differences in children's abilities would be important in further developing healthy self-esteem. Globally, we know that families, communities and ethnic groups may vary in the criteria on which self-esteem is based. For example, some groups may emphasize obedience while others value independence, and some may evaluate girls and boys differently.

In addition, refugee and immigrant children often confront conflicting cultural criteria on what attributes are valued at home and in the mainstream educational system. As our communities become more diverse through voluntary and forced migration it will be important for nurse researchers to identify similarities and differences between and among groups of children to design and implement intervention strategies that will positively impact on the self-esteem of varied groups of children.

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	(Table 1): Age of Children By Ethnic Group						
Ethnic Group	6-7	8-9	10-11	12-13	14-15	16-17	N
Vietnamese	4	26	39	47	17	2	135
Cambodian	3	11	26	30	17	1	88
Laotian	0	3	5	6	0	0	14
Total	7	40	70	83	34	3	237

(Table 2): 'What Am I Like'

Really true for me	Sort of true for me				Sort of true for me	Really true for me
		Some kids are often unhappy with themselves	BUT	Other kids are pretty pleased with themselves		
		Some kids don't like the way they are leading their lives	BUT	Other kids do like the way they are leading their lives		
		Some kids are happy with themselves as a person	BUT	Other kids are not often happy with themselves as a person		
		Some kids like the kind of person they are	BUT	Other kids often wish they were someone else		
		Some kids are very happy in being the way they are	BUT	Other kids wish they were different		
		Some kids are not very happy with the way they do a lot of things	BUT	Other kids think the way they do things is fine		